

PROPANE AND NATURAL GAS EXAMINATION APPLICATION

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
PROPANE AND NATURAL GAS BOARD
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8606 FAX: (207)624-8636
HEARING IMPAIRED: 1-888-577-6690

Revised: 10/2005

Office Use Only

Lic. #: _____

Auth: _____

Cash #: _____

4510-1446 \$ 25.00

APPLICATION

IMPORTANT: You must submit and mail **ALL MATERIALS** to the Oil and Solid Fuel Board together with a \$20.00 non-refundable application fee.

TYPE OF EXAMINATION

- ☐ Basic (required before sitting for an endorsement)
☐ Delivery Technician
☐ Plant Operator
☐ Tank Setter and Outside Piping
☐ Appliance Connection and Service
☐ Large Equipment Connection and Service

\$20.00 Application Fee. PAYMENT OPTIONS:

☐ Check or Money Order Payable to "Treasurer State of Maine".

☐ Credit Card: MasterCard or VISA Only. Complete the following:

I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my MasterCard/VISA - - Exp. Date ____/____/____ in the amount of \$20.00 (application fee). Signature: _____

NOTICE REGARDING PUBLIC INFORMATION. CONTACT

ADDRESS. This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.

SOCIAL SECURITY NUMBER. The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED

Name of applicant (Legal Name): _____

Contact Address: _____

City: _____

State: _____

Zip Code: _____

County: _____

Home Telephone: (____) _____ - _____

Work Telephone: (____) _____ - _____

Social Security Number: _____

Date of Birth: ____/____/____

Sex: ☐ Male ☐ Female

Have you ever been convicted of a crime other than a minor traffic violation? ☐Yes ☐No
If yes, please list date(s), crime(s) and submit a copy of the Judgment and Commitment and a letter from you explaining the circumstances surrounding your conviction.

Do you or have you ever held any type of propane and natural gas technician's license in the State of Maine? ☐Yes ☐No If yes, license # _____

Date Issued: _____ Date Expired: _____

Has this license ever been revoked or suspended? ☐Yes ☐No If Yes, provide appropriate dates of suspension or revocation.

Date Issued: _____ Date Expired: _____

Do you or have you ever held any type of propane and natural gas technician's license in any other State? ☐Yes ☐No If yes, what type of license: _____

Date Issued: _____ Date Expired: _____

PROVIDE A COPY OF SUCH LICENSE.

Has this license ever been revoked or suspended? ☐Yes ☐No If Yes, provide appropriate dates of suspension or revocation.

Date Issued: _____ Date Expired: _____

TRAINING AND EDUCATION

A Board approved training program must be successfully completed for persons who began work in the propane and natural gas industry after January 1, 1996. Complete this section by listing all Board approved training programs you have completed, and submit proof of completion by submitting a certificate that you have successfully completed the program. Applicants beginning work in the industry after January 1, 1996 who have not completed an approved training program will NOT be approved.

EDUCATION AND TRAINING	FROM MO. YR.	TO MO. YR.	SCHOOL/LOCATION

EMPLOYMENT RECORD: In the space provided below, please furnish a record of employment you have had as a Technician in the Propane and Natural Gas Industry. Describe in detail the type of program and natural gas work you have performed in each position. START WITH PRESENT POSITION AND WORK BACK. If more space is needed, attach an 8 ½ x 11 sheet of paper to this application.

PRESENT OR LAST EMPLOYER:	From: ____/____/____ To: ____/____/____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	NAME OF SUPERVISOR:
DETAIL OR WORK PERFORMED:	

PREVIOUS EMPLOYER:	From: ____/____/____ To: ____/____/____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	NAME OF SUPERVISOR:
DETAIL OR WORK PERFORMED:	

PREVIOUS EMPLOYER:	From: ____/____/____ To: ____/____/____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	NAME OF SUPERVISOR:
DETAIL OR WORK PERFORMED:	

PREVIOUS EMPLOYER:	From: ____/____/____ To: ____/____/____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	NAME OF SUPERVISOR:
DETAIL OR WORK PERFORMED:	

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED.

Signature of Applicant

Date

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AFFIDAVIT

Name of applicant:		
Mailing Address of applicant:		
City:	State:	Zip Code:
<div>Type of Examination (Check One):<div style="display: inline-block; vertical-align: top; margin-left: 10px;"><input type="checkbox"/> Basic <input type="checkbox"/> Delivery Technician <input type="checkbox"/> Plant Operator <input type="checkbox"/> Tank Setter and Outside Piping <input type="checkbox"/> Appliance Connection and Service Technician <input type="checkbox"/> Large Equipment Connection and Service</div></div>		

The applicant listed above has worked for me and completed the required Skills to sit for the examination being requested.

From: _____ To: _____
Month Day Year Month Day Year

Signature of Propane & Natural Gas Technician Date

FALSIFICATION OF THIS AFFIDAVIT COULD RESULT IN INVESTIGATION OF THE UNDERSIGNED'S PROPANE AND NATURAL GAS TECHNICIAN'S LICENSE.

State of _____

County of _____

The above named _____ personally appeared
(Propane and Natural Gas Technician)

before me and being duly sworn according to law deposes and says that the answers set forth in this affidavit are complete to the best of his/her knowledge and belief.

Sworn and subscribed to before me this _____ day of _____, 20____.

Notary Signature

My Commission Expires: